

## BOOK REVIEW

### *HANDBOOK OF VENEREAL INFECTIONS*

By R. Grenville-Mathers

(London: Sylviro Publications Ltd. 1948. Pp. 116.  
Price 12s. 6d.)

It is not clear for whom this book is intended for it is no more than a brief synopsis of the subject, a form of writing which may have value for the purposes of revision but is an unsatisfactory means of acquiring fresh knowledge. Even for revision this publication is not to be recommended. It is very sketchy and superficial and is full of inaccuracies and misstatements. There are also many omissions, and some recommendations with which most venereologists will disagree. Space does not permit a detailed enumeration of errors and omissions because there are so many, but a few typical examples will suffice. It is, for instance, incorrect to say that all reports of the use of penicillin in cardiovascular syphilis "stress the severe Herxheimer reactions which have resulted." It is contrary to general ex-

perience that Herxheimer reactions are "very rare" with the treatment of early syphilis with penicillin suspended in oil and beeswax, and misleading to say that such reactions, when they occur, follow the "first few injections." In discussing sulphonamide therapy there is no reference to renal complications and their prevention; and for treatment with gonococcal vaccine an alarming initial dose of 5,000 million organisms is recommended. The procedure suggested for the treatment of prostatic abscess, namely "passing a metal sound or catheter which evacuates pus into the urethra or . . . incision of the prostate through a urethroscope," sounds potentially disastrous. In a discussion of neurosyphilis it is stated that the span of life used to be only two to two and a half years. Possibly the author meant to write "general paralysis," but in fact he wrote "neurosyphilis." These examples could be extended almost indefinitely. The sum total of the evidence which they give indicates that much of this book needs to be re-written before it can be recommended to those in search of knowledge. A.J.K.

## ABSTRACTS

(This section of the JOURNAL is published in collaboration with the two abstracting journals, *Abstracts of World Medicine*, and *Abstracts of World Surgery, Obstetrics, and Gynaecology*, published by the British Medical Association. The abstracts are divided into the following sections: syphilis (general, therapeutic, pathology); gonorrhæa (general, therapeutic, pathology); other venereal disease conditions; public health. After each subsection of abstracts follows a list of articles that have been noted but not abstracted. All subsections will not necessarily be represented in each issue.)

### SYPHILIS (General)

**II. Attendance Record of Patients Treated by Private Physicians.** AIKEN, R. B. (1947). *J. vener. Dis. Inform.*, 28, 224.

The Public Health Department of the State of Vermont supplied penicillin in oil-beeswax (P.O.B.) free of charge to private practitioners for the treatment of 101 white patients suffering from early syphilis. The patients were informed that this treatment was for research purposes and were urged to attend daily for 8 days. Though the stipulated course consisted of 600,000 units daily for 8 days, 15 of the 101 patients were, in fact, treated according to other schemes. Of the 86 patients receiving the recommended course, 70 completed treatment in 8 consecutive days, 1 lapsed without completing treatment, while a further 15 finished their course, though interrupted, in 11 days or under. Broken treatment was due in 5 cases to toxic reactions, in 6 to "personal reasons," and in 4 to the fact that the doctor's office hours were not convenient. G. L. M. McElligott

**The Prognosis of Syphilitic Aortic Insufficiency.** READER, G. G., ROMEO, B. J., WEBSTER, B., and McDERMOTT, W. (1947). *Ann. intern. Med.*, 27, 584.

This is a report of the clinical management, over several years, of 43 patients with cardiovascular syphilis. Syphilitic aortic insufficiency may be latent and symptomless for many years. Even with the onset of symptoms the working power of the patient may last for years rather than months. The prognosis is greatly improved by adequate anti-syphilitic treatment. Digitalis and mercurial diuretics should be given when congestive failure threatens. A prolonged circulation time and a low diastolic pressure offer the best index of prognosis. G. F. Walker

**Some Remarks on the Importance of the Reactions of the Body in Venereal Diseases.** PRAKKEN, J. R. (1948). *Urol. cutan. Rev.*, 52, 406.

**Syphilology in France, 1940-47.** (La Syphiligraphie Française en 1940-47. VAN LIERDE, L. (1948). *Rev. méd. Louvain*, 16, 252.